I should like to emphasize the fact that a negative blood-culture does not in itself exclude a diagnosis of septicæmia. Very frequently a positive result indicates an advanced stage of the disease, when little can be expected from any form of treatment.

In conclusion, I wish to make it clear that I do not claim that anti-scarlatinal serum constitutes a specific for the disease under consideration. What I do claim is that it represents by far the most effective method of treatment which we have at our disposal to-day.

STATISTICS.

During the year 1930, the total number of cases (intern and extern) admitted to the isolation department for puerperal septic cases was twenty-seven. Of these, twenty-two had hæmolytic streptococci present in the intra-uterine swab, plus the accompaniments of streptococcal infection. In some cases the latter were more marked than in others, but in all they were quite definite. The death-rate among these cases, all of which received the anti-scarlatinal serum treatment, was only 4.54 per cent., or 1 out of 22. Since one other streptococcal case, excessively virulent, admitted before the beginning of the year, died, the total death-rate among puerperal hæmolytic streptococcal cases for the year 1930 stands at the small percentage of 8.7 (to the nearest decimal point), or 2 out of 23. The large majority of the cases received the serum in good time, which is mainly responsible for the fact that only seven of them required a repeat dose.

Some Problems of the Panel Practitioner

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MEDICAL benefit in Northern Ireland has now entered on its third year, and, in spite of the gloomy prophecies of some of the pessimists both in and out of the profession, there would now appear to be almost a consensus of opinion that the scheme represents a distinct advance in our medical services, both from the point of view of the patients and that of the practitioners.

SCOPE OF SERVICE.—Stated briefly, it is a general practitioner service, but insurance practitioners may, if they can show that they possess special skill and experience, carry out and charge for certain services usually undertaken only by specialists. In this connection it should be remembered that the following declaration has to be made: "I have so informed the insured person, who has agreed that I should render the service as a matter of special arrangement." It is hardly necessary to add that no part of the medical fund is available for specialist services.

If an operation is performed as an emergency, it does not follow that you are entitled to regard the service as being "outside the scope."

DIAGNOSIS.—A criticism often made against the National Health Insurance system is that it encourages incomplete clinical examinations. What the patient wants is a certificate of incapacity and a prescription for a bottle of medicine; and if he obtains these from a medical man endowed with affability, calmness of countenance, self-assurance, a cheerful manner, and a smile at the proper moment, he may feel that the doctor has been sufficiently clever to "understand" him and to diagnose his ailment by quick inspection. It must be admitted that within the profession we occasionally meet a man who is most successful from the business point of view, but whose methods are little better than those of quacks. Such men are unlikely to practise honest medicine either under the National Health Insurance system or in private practice.

Let us turn our attention now to the bulk of the profession, namely, those who take a scientific interest in their work, and despise what has scathingly been referred to as "treatment without diagnosis." In spite of a high degree of professional skill, diagnosis at times may be incompletely or insufficiently established owing to lack of X-ray, biochemical, and bacteriological facilities. Although insured persons are encouraged to present themselves at an early stage of the illness, it too often happens that recent methods of investigation are not available, and valuable time is lost before an accurate diagnosis is reached. To my mind, this is the chief defect of our system, and one which I hope will be remedied when financial considerations are less important than at present.

TREATMENT AND PROPHYLAXIS.—The second defect of the scheme is that its scope is limited to general practitioner treatment, which means that dental treatment, specialist treatment (including physio-therapy and hospital treatment), have no definite place in it.

The system has the following advantages from the patients' point of view :—

1. Cases of illness should come under observation at an early stage, as there is no longer fear of a doctor's bill.
2. Advice may be sought not only on actual treatment, but on questions relating to prevention of disease, e.g., questions of hygiene. Further, vaccination against smallpox, prophylactic injections of T.A.B. or other vaccine of generally recognized efficacy may be administered in suitable cases.

At the last annual meeting of the B.M.A., Sir George Newman in his presidential address to the Section of Public Health, stated that in no previous age has there been such growth of the conception of preventive medicine as in the present era. He paid tribute to Bright, Addison, Hodgkin, Gull, Jenner, Osler, Allbutt, Barlow, and others. He referred to the constructive service that has been rendered in the great march of preventive medicine by medical practitioners. "They searched into the circumstances of disease and related it to environment; they introduced medical notification and hospital isolation; by their investigation of factory conditions they initiated industrial welfare; . . . their systematic support of vaccination instituted the practice of immunity; and their scientific observation was the beginning of British epidemiology."

All honour to such pioneers ! It is a source of great satisfaction to think that the foundations of public health have been well and truly laid chiefly by clinicians and bacteriologists, but, while rejoicing in such achievements, it is our duty to play our part in erecting an adequate superstructure on such foundations.

Sir George Newman has stated his belief that health insurance is one of the most effective instruments of preventive medicine we possess. It is our duty to inquire what can be done to make it a more effective instrument in the prevention of disease. I do not propose to attempt to give a complete answer to such a wide question, or to suggest how much extra remuneration should be added to the capitation fee for the additional work involved, but it is my opinion that insured persons should have an opportunity of visiting their doctor for a periodical overhaul, say once a year; further, that these overhauls should begin long before the age of sixteen years. In fact, our efforts at prevention of disease should begin while the baby is still *in utero*. This raises (1) the whole question of the proper care of the expectant mother; (2) the best type of maternity service; (3) the best type of welfare work; (4) the best type of school medical work; etc. In many districts these services have been largely taken from the general practitioner, and it is surely not too much to ask that some record of the services rendered under these headings should be available for the general practitioner. Perhaps at some future date, instead of a record card for each insured person, it will be a record book for each individual, beginning with such details as (*a*) whether full-term; (*b*) nature of presentation; (*c*) whether instruments were used; (*d*) weight at birth, etc. Later on details of vaccination, immunization against diphtheria, etc., would be recorded. Details of visits to welfare centres and of illnesses would be recorded too. If more attention were paid to the health of the fœtus, the infant, and the school child, we should ultimately have a healthier insured population.

The question of the bottle of medicine will now be considered. Most of us are agreed that an occasional placebo does good, but such a method of obtaining a good psychological result is scarcely scientific. Probably most of us will plead guilty to the charge of giving a prescription for some sort of medicine to practically every patient who consults us, although in at least fifty per cent. of these cases we might find it difficult to justify such a procedure. The only justification is that if the patient does not receive a prescription, he is likely to feel that he is not being treated properly and to ask for a transfer to another doctor. If we had a medical service which applied not only to the insured but to their dependants, at least four-fifths of the population would come within its scope, and the problem of educating the public to some extent in the abuse of drugs would be much simpler than at present, with only about one-third of the population in our scheme. It would appear that the large majority of our patients regard the bottle of medicine in almost every case as by far the most important part of the treatment, and that by our attitude we encourage this belief. An important question arises, namely, Does this attitude on the part of the profession not actually encourage resort to much advertised patent medicines, especially in cases of chronic illnesses such as osteo-arthritis, asthma, etc. ?

CERTIFICATION.—It is hardly necessary to state that a certificate must be correct in every detail. Requests for dates to be inserted which are not correct are made from time to time. The only remedy is to educate the patients, explaining to them that what they are asking for is in fact a false certificate.

It is often difficult to decide when a patient is "fit for work" after an illness, especially as a rigid interpretation may result in the patient and his friends transfering to another doctor. Many hold that it is unfair to ask a doctor to render ordinary medical services and at the same time to require him to act as an inspector on whose judgment payment of sickness benefit is made; that such a procedure "disturbs the relationship of faith and confidence between patient and physician which students of medical practice have from the beginning regarded as fundamental."

A common difficulty often arises in cases of pregnancy, namely, that you believe that the insured person is capable of work, but you feel it is undesirable that she should work.

Arrangements now exist by means of which certain difficult cases are dealt with by a medical officer of the Ministry on a request from a practitioner for an opinion on the question of incapacity for work.

Following the examination of a case referred by an approved society, one report is sent to the approved society and another to the practitioner. The latter may contain, in addition to a statement of opinion on the question of incapacity, suggestions as to the further management of the case. It is possible that the practitioner may not agree either with the opinion on the question of incapacity or with the suggestions made, and it should be clearly understood that he is expected to exercise his own professional judgment on such matters.

RECORD CARDS.—Not only are these essential for the best type of medical work, but they are also useful to other doctors under whose care the patient may subsequently come.

Further, if properly kept, they should, when taken collectively, give (1) most valuable information about early symptomatology; and (2) material for statistical investigations.

Example: In 1922, the "panels" of forty-nine selected doctors in Great Britain gave an aggregate of 91,000 patients—58,000 males and 33,000 females. Analysis showed that one-sixth of the total period for which sickness and disablement benefit was paid to men was due to rheumatic diseases, the corresponding fraction in the case of women being one-seventh. The disbursements made under the National Health Insurance scheme, together with the loss of wages due to incapacity by reason of rheumatism, was estimated at £17,000,000 in one year in respect of the insured population.

It was further estimated that in the case of an average panel of 1,000 males during an average year there will be treated four cases of acute and subacute rheumatism, twenty cases of non-articular rheumatism, and six cases of chronic arthritis; the corresponding figures for females being five, eleven, and six respectively. In the case of women, many cease to be insured at an early age, mainly owing to marriage,

and so these figures do not give accurate information on the actual frequency of rheumatism among females.

In the case of chronic arthritis, although the actual number of cases is relatively small, the duration of incapacity is so long that these cost the state about half the total cost of the rheumatic group of diseases.

When medical benefits were introduced in Northern Ireland, instructions for the keeping of medical records were issued in the form of a printed card (M.B.21), but up to the present no penalties have been imposed for failure to observe these instructions. It is now felt that initial difficulties associated with the introduction of the scheme have been overcome, and that it is reasonable to expect these instructions to be followed. In a few years we should have accumulated valuable data on the incidence of the commoner ailments, assuming, of course, that the notes are taken carefully. Such information should be most valuable from a public health point of view.

Four Cases of Congenital Diaphragmatic Hernia

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THE condition of congenital diaphragmatic hernia is almost certainly much more common than is generally supposed, for most of the cases are found in still-born infants, and they pass unrecognized unless post-mortem examinations are made. I have been able to collect from the literature, records of 164 cases; of these, eighty-seven were in still-born children, fifty-five lived from a few minutes to a few hours, and twenty lived for periods of a few days to a few weeks. Only two cases survived to adult life, one of whom lived to thirty-four years, and one to "old age." The condition is therefore of interest to the practitioner, for it may be the cause of death of a few still-born infants, especially in cases where a living child might reasonably have been expected after normal labour and a child externally healthy. Four cases of the condition have recently been brought to me, and a short description of them has been thought worthy of a place in this Journal.

CASE No. 1.—The body was that of a female newly-born infant of normal external appearance. On section, the left side of the thoracic cavity was seen to be occupied by coils of intestine (Fig. 1). The abdominal cavity was occupied by the large fœtal liver and dilated descending and pelvic colons. The heart, both lungs (the left of which was but poorly developed), and the thymus gland were crushed into a compact mass in the right side of the thorax, and in the right apex lay a well-developed vermiform appendix. After the coils of small intestine had been removed, the œsophagus was seen to pass downwards and slightly forward, and to perforate the diaphragm in the usual position. The stomach, together with the duodenum, pancreas, and spleen, had rotated upwards into the thorax through an abnormal